

Improving health through research and information



National Drug Treatment Reporting System

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**National Drug Treatment Reporting System
NDTRS
Training Protocol**

**Part One
2013**

This protocol was modified by Ita Condrón

HRB contact details

If you require training or have any queries, please contact the NDTRS staff at ndtrs@hrb.ie

Completed forms should be returned monthly to:

National Drug Treatment Reporting System
Health Research Board
Third Floor, Knockmaun House
42-47 Lower Mount Street
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NDTRS Staff:

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Introduction

Background

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. It was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover all areas of the country. The reporting system was originally developed in line with the Pompidou Group's Definitive Protocol and subsequently refined in accordance with the European Monitoring Centre for Drug and Drug Addiction's Treatment Demand Indicator Protocol. The National Drug Treatment Reporting System is co-ordinated by staff at the Health Research Board on behalf of the Department of Health.

NDTRS Methodology

Compliance with the National Drug Treatment Reporting System requires that a form be completed for each new client coming for first treatment, and each previously treated client returning to treatment, for problem drug or alcohol use in a calendar year.

- Service providers at drug treatment centres throughout Ireland collect data on each individual who attends for first treatment or returns to treatment for problem drug or alcohol use in a calendar year;
- Data collection for any given year commences on 1st January and continues through to 31st December;
- Service providers complete sections A, B and C of the National Drug Treatment Reporting System form during the initial assessment stage, and sections D, E, F and G during the treatment stage with each client who attends in a given year (see **NDTRS form**);
- The Exit section of the form (Section H) is completed when the client exits treatment (see **NDTRS form**);
- The client is made aware that the National Drug Treatment Reporting System data is anonymous, neither the name of the practitioner nor the client appears on the form. As data is anonymous, consent is not necessary but clients should be told about the reporting system as a matter of good practice;
- Service providers completing the form keep the top copy at source for their records.
 - The centre number and client number on the form have to be recorded accurately so that the carbon copies can be matched;
 - The white anonymous carbon copy is sent to the data co-ordinator when the client commences treatment (section G-Activity details).
 - The blue anonymous carbon copy is sent to the data co-ordinator once section H-Exit details is complete.
- Service providers should try to obtain a full and accurate history from each client and should only use the code 'unknown' when it is not possible to acquire specific information about a client;
- Copy forms are sent **monthly** to the Health Research Board;
- A security envelope for returning forms is supplied by the Health Research Board to each participating service provider;
- Each participating service provider is requested to nominate a person who will be responsible for the return of the data to the Health Research Board on a **monthly** basis;
- At national level, NDTRS staff at the Health Research Board log, code, enter, clean, and analyse the data.

NB:

- From 2004 alcohol can be recorded as a main or only problem substance.
- From 2004 the NDTRS does NOT require forms for continuous care clients. Continuous care clients are those who continue in treatment without a break from December of one year to January of the subsequent year.

When should a form be filled?

The NDTRS form only records contacts where drug or alcohol use is a reason for seeking help, therefore a form should only be filled in the following situations:

- A client seeks help for substance misuse problems
- A concerned person seeks help about substance misuse problems
- A client's main problem is gambling, and they have additional substance misuse problems – this data will not be analysed by the HRB, it is to facilitate centres with electronic databases to record the number of clients using their service.
- A client's main problem is spending, and they have additional substance misuse problems – this data will not be analysed by the HRB, it is to facilitate centres with electronic databases to record the number of clients using their service.
- A client's main problem is eating disorders, and they have additional substance misuse problems – this data will not be analysed by the HRB, it is to facilitate centres with electronic databases to record the number of clients using their service.

If a client is seeking help for depression, anxiety, stress etc and does not have an additional substance misuse problem, a form should not be filled out.

However, if a client is seeking help for depression, anxiety, stress etc and is also seeking help for additional substance misuse problem, a form should be filled out but the main problem substance should be recorded at Q14 and not the depression, anxiety, stress etc.

What is treatment?

Treatment is:

- Any activity targeted at people who have problems with substance use, and which aims to improve the psychological, medical and social state of individuals who seek help for their problem drug or alcohol use;
- One or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training;
- Provided in both residential and non-residential settings.

However **treatment excludes:**

- Contacts where drug or alcohol use is not the reason for seeking help;
- Needle exchange programmes;
- Interventions solely concerned with the physical complications of problem drug or alcohol use (for example, emergency response to overdoses or treatment of blood borne infections or sexually transmitted infections);
- Imprisonment per se (although admissions to drug treatment programmes in prison are included);
- Contacts with services which involve requests for social assistance only;
- Requests for practical information only;
- Contacts by telephone or letter only (unless a brief intervention is provided over the phone);
- Contacts with family only (a form may be completed for a family member who seeks help about substance misuse problems)

What is a Treatment Episode?

Individuals who enter treatment for the first time in their life, and clients who return to treatment after a period of absence which is greater than one month. This does not include cases who return for routine appointments after their first initial appointment.

Continuous care clients:

Individual forms do not have to be filled for continuous care clients. The HRB will provide each centre with a list of clients not yet exited from treatment for the previous year. Each centre updates the list of clients in treatment on the 1st of January of the current year and returns this list to the HRB.

Transferred Clients

- When a client is transferred from one centre to another after receiving treatment, the Exit section of the NDTRS form is completed at the time of referral or transfer and it should show details of the transfer to the new centre at Q38b. A new NDTRS form must be completed by the new service to which the client has been transferred (source of referral at Q15 will be code 4 other drug treatment centre in this instance).
- If a client is released from prison and continues treatment in another centre, a new NDTRS form is required.
- When a client receives treatment in a GP/clinic and is referred to another GP/clinic due to sanction, a second form is required from the GP/clinic where the client is sent to (in addition to the initial form).
 - If the client returns within 28 days a new entry form is not required.
 - If the client does not return within 28 days the exit form should be completed and returned to the HRB.
 - If the client returns after a period of more than 28 days a new entry form is required.

The value of treatment data

The value of a good database on treatment contacts is that it provides data that:

- Identifies patterns of substance use and risk behaviours;
- Explores patterns of service utilisation;
- Provides information for evidence-based service planning including obtaining and justifying funding and personnel;
- Analyses trends in treated alcohol and drug use over time.

NDTRS staff will provide, on request, to each treatment provider who participates in the National Drug Treatment Reporting System an area or clinic specific analysis of the data collected.

For further information please contact:
Administrator
National Drug Treatment Reporting System
Health Research Board
Third Floor, Knockmaun House
42-47 Lower Mount Street
Dublin 2
email ndtrs@hrb.ie or phone +353-1-2345152

Instructions for data collection

When completing the NDTRS form please use a ball point pen and ensure that the information is visible on all carbon copies of the form.

Please note that each Section of the form reads from left to right

Section A: Administrative details

A. Administrative details		PLEASE COMPLETE USING A BALL POINT PEN																					
Name _____		Address _____																					
1. HSE Area <small>(see Appendix 2)</small>	1	2	2a. Centre	1	2	3	4	5	2b. Type	2	3	3. Client number								1	3	6	5

**Please note that the sample form shows mock data for illustration purposes only.*

Q1. Health Service Executive Area

Enter the two-digit code for the Health Service Executive (HSE) area (this code is provided by the Health Research Board).



This code refers to the HSE area in which the treatment provider is situated. See **Appendix 2** for Health Service Executive (HSE) area codes.

Q2a. Centre

The first two digits of the centre code are derived from the HSE area code (see question 1). The Health Research Board or the Regional Drug Co-ordinator will provide the subsequent three digits.

Q2b. Treatment provider type

Insert the code that best describes the treatment type that the client is attending.
For a listing of treatment provider type codes, see Appendix 3.



If you are unsure of the codes that should be assigned to a particular treatment provider please contact:
Ita Condron (Research Analyst)
01 2345164
Vivion McGuire (Nurse Researcher)
01 2345191

Q3. Client number

Each client should have a unique number assigned by the treatment provider. This can be the case notes number or whatever numbering system is most appropriate for the participating treatment provider.
The client number is only used for administrative purposes.



Why is a client number necessary?
If a question has not been completed on the form or has been completed incorrectly, the HRB can contact the participating treatment provider to verify the information on the form against the client's records. The client number also enables the HRB to check for duplicate cases within agencies.
The client number is, therefore, a vital piece of information.

Section B: Demographic details

B. Demographic details		
4. Gender (circle) <input checked="" type="radio"/> 1. Male 2. Female	8a. Area of residence (DED, see pink book or Appendix 4)	11. Employment status (circle) 1. In paid employment 2. Unemployed <input checked="" type="radio"/> 3. FAS/training course 4. Student 5. Housewife/husband 6. Retired/unable to work 8. Other (specify) _____ 9. Not known
5. Age (years)	8b. Community Care Area (see Appendices 4/5)	12a. Age left primary or secondary school (not third level) (years, or circle code below) 01. Never went to school 88. Still at school 99. Not known
6. Date of birth	9. City/county Car registration code (see Appendix 4)	12b. Education: highest level completed (circle) 0. Primary level incomplete 1. Primary level <input checked="" type="radio"/> 2. Junior cert 3. Leaving cert 4. Third level 5. Never went to school 6. Special needs education 8. Still in education 9. Not known
7a. Living with whom (circle) 1. Alone <input checked="" type="radio"/> 2. Parents/family 3. Friends 4. Partner (alone) 5. Partner & child(ren) 6. Alone with child(ren) 8. Foster care 7. Other 9. Not known	10a. Nationality (circle, if other please specify) 1. Irish 3. Irish traveller <input checked="" type="radio"/> 2. Other 9. Not known Nationality <u>ENGLISH</u>	
7b. Living where (circle) <input checked="" type="radio"/> 1. Stable accommodation 2. Institution (prison/residential care/halfway house) 3. Homeless 4. Other unstable accommodation 9. Not known	10b. Ethnic background (circle) 1. White Irish 2. White Irish Traveller <input checked="" type="radio"/> 3. Any other white background 4. Black African background 5. Any other black background 6. Chinese background 7. Any other Asian background 8. Other 9. Do not wish to answer this question	

**Please note that the sample form shows mock data for illustration purposes only.*

Q4. Gender

Circle the appropriate code.

Q5. Age

Record the client's age in years at time of contact with centre. If not known, code 99.



If you are completing the form retrospectively, the age must be the client's age **at the date of initial assessment**.

Q6. Date of birth

Record the client's date of birth. Write in order: Day, Month, Year (for example. 07.12.62). **Please ensure consistency with age (see question 5).**



In the **rare** circumstances where age and DOB could not be ascertained, please insert **99** in the age box and leave DOB **blank**.

Q7a. Living status (with whom)

If the client's situation has changed recently (within the last 30 days), record the client's living status as it was immediately prior to treatment contact.



- **Parents/family** refers to client's mother and/or father, sisters, brothers or extended family such as grandparents, uncles, and aunts;
- The **parents/family** code also applies to the client's adoptive parents or family members.
- Partner refers to spouse or co-habitee.
- If the client is homeless or in an institution, circle 7-Other.

Q7b. Living status (where)

Where refers to the stability of the client's living situation.



- **Institution** includes **prison, residential care** or **halfway house**.
- **Homeless** can include sleeping rough (roofless), living in a guesthouse/hostel/hotel etc.
- **Other unstable accommodation** includes temporary living arrangements. For example staying with a friend on a temporary basis without paying rent. Use this code only if client's living status is insecure. Do **not** use this code if client has just moved to a new but stable address.
- If a client is living on an official **halting site**, circle 1, if a client is living on an unofficial halting site, circle 4.

Q8a. Area of residence

Area of residence refers to the location in which the client resides and not the location of the service provider.

Clients living **outside Dublin, Kildare** or **Wicklow**.



Appendix 4 contains the area of residence codes. If a client is in prison record the area of residence prior to imprisonment.

Clients living in **Dublin, Kildare** or **Wicklow**.



For clients living in **Dublin, Kildare** or **Wicklow**, the Electoral Division (DED) is recorded by means of the Epidemiological Information System (EIS) Street Index. This is known as the pink book, which all treatment agencies in Dublin, Kildare and Wicklow receive. Inpatient centres throughout the country also receive a copy of this book. It may be useful to highlight in the pink book the DED codes that are most applicable to your particular client group.

Q8b. Community care area

Record the Community Care Area code.



For a full listing of Community Care Area codes **outside Dublin or Wicklow** see **Appendix 4**. For clients living in **Dublin** or **Wicklow** see **Appendix 5** to find the correct CCA code for the relevant DED code.

Q9. City/County

Record the city/county where the client usually resides. The city/county codes are derived from the car registration codes.



For a full listing of the city/county codes, please see **Appendix 4**.

Q10a. Nationality

If Irish circle 1, if Irish traveller circle 3, if other nationality circle 2 and write the appropriate nationality in the space provided.

Q10b. Ethnic background

Circle the appropriate code.



This question refers to the client's **self described** ethnic background and therefore may be different to his/her nationality. It should not be decided by health professionals. Some clients may not wish to answer this question, in this case circle 9.

Q11. Employment

Employment status provides some information about the client's economic situation. Circle the appropriate code.

If **other** please specify.

Please note that this question refers to the client's situation at the time of assessment.



- If the client works part-time or is self-employed, circle 1.
- If the client is a **full-time student** and works **part-time**, circle 4.
- If the client is in prison, circle 6.

Q12a. Age left school

Record age in years when the client left full-time education at **primary or secondary** school level for the first time.



- Age left school does not refer to **post-secondary** level education. Therefore, if a client left school at 18 and attended university until the age of 21, the age the client left school is **18 (not 21)**.
- If a client never went to school, code 01.
- If a client is still at school, code 88.
- If not known, code 99.
- If a client returned to education as an adult, record the age s/he left school **initially**.

Q12b. Education: highest level completed

Record the highest educational level **completed** by the client.

- If the client never went to school, code 5.
- **If the client left school at 15 without obtaining junior cert exams (or equivalent) circle 1.**
- If the client is still receiving education at any level, code 8.
- If not known, code 9.



Northern Ireland and UK educational equivalents are as follows:

- GCSEs, O levels and General National Vocational Qualifications (GNVQ) intermediate are equivalent to the junior cert.
- A levels and GNVQ advanced are equivalent to the leaving cert.


Rep of Ireland: If the client's highest level of education completed is the Intermediate Certificate (Inter Cert) or Group Cert, circle 2 (Junior Cert) on the form.

Section C: Referral/Assessment details

C. Referral/assessment details		
<p>13. Date of referral <input type="text" value="09"/> <input type="text" value="06"/> <input type="text" value="13"/></p> <p style="text-align: center;">Day Month Year</p>	<p>15b. If client was referred from another treatment centre, please give reason for referral (circle one)</p> <p><input checked="" type="radio"/> Client moved address</p> <p><input type="radio"/> Client management / security</p> <p><input type="radio"/> Dual diagnosis (psychiatric/substance use co-morbidity)</p> <p><input type="radio"/> Treatment for blood borne diseases</p> <p><input type="radio"/> Client unstable requires substitution treatment</p> <p><input type="radio"/> Other treatment required (excluding substitution)</p> <p><input type="radio"/> Client stable, transferred to satellite clinic or GP</p> <p><input type="radio"/> Other (specify) _____</p>	<p>18a. Client's treatment status (circle one)</p> <p><input type="radio"/> Offered treatment (proceed to Q19)</p> <p><input checked="" type="radio"/> Placed on waiting list for opiate substitute</p> <p><input type="radio"/> Placed on other drug treatment waiting list</p> <p><input type="radio"/> Psychiatric assessment only</p> <p><input type="radio"/> Transferred to another site</p> <p>Specify site _____</p> <p style="color: red;">If 3 or 4, STOP and return form to HRB. If 2, 6, go to 18b, if 1 go to 19</p>
<p>14. Main reason for referral (based on main problem, circle)</p> <p>1. Alcohol <input type="radio"/> 2. Illicit drug <input checked="" type="radio"/> 3. Licit drug <input type="radio"/> 4. Other problem <input type="radio"/></p> <p>Specify main drug/problem <u>HEROIN</u></p>	<p>16. Date of initial assessment <input type="text" value="09"/> <input type="text" value="06"/> <input type="text" value="13"/></p> <p style="text-align: center;">Day Month Year</p>	<p>18b. If client was on waiting list, please give reason client removed from waiting list (circle one)</p> <p><input checked="" type="radio"/> Treatment offered with this centre</p> <p><input type="radio"/> Client did not fulfil criteria to commence treatment</p> <p><input type="radio"/> Client did not accept substitution/other drug treatment</p> <p><input type="radio"/> Client transferred/commenced treatment with another centre. Specify centre _____</p> <p><input type="radio"/> Service unable to contact / locate client</p> <p><input type="radio"/> Client admitted to hospital</p> <p><input type="radio"/> Client sent to prison</p> <p><input type="radio"/> Client died</p> <p><input type="radio"/> Other (specify) _____</p> <p style="color: red;">If 1 continue form, otherwise STOP and return to HRB</p>
<p>15a. Source of referral (circle)</p> <p>1. Self <input type="radio"/> 2. Family <input type="radio"/> 3. Friends <input type="radio"/></p> <p><input checked="" type="radio"/> Other drug treatment centre <input type="radio"/> 5. General practitioner</p> <p>6. Acute hospital service excluding A&E</p> <p>7. Social services/Community services</p> <p>8. Court/probation/police <input type="radio"/> 10. Outreach worker</p> <p>11. Mobile bus <input type="radio"/> 12. School <input type="radio"/> 13. Prison</p> <p>14. Employer <input type="radio"/> 15. Mental health liaison nurse at A&E</p> <p>16. Accident & emergency other</p> <p>17. Mental health facility (including psychiatrist)</p> <p>99. Not known</p> <p style="color: red;">If 4, 5, 6, 13, 15, 17, please complete Q15b</p>	<p>17a. Assessment outcome (circle one)</p> <p><input checked="" type="radio"/> Suitable <input type="radio"/> 2. Unsuitable</p> <p style="color: red;">If 2, STOP and return form to HRB.</p>	<p>19. Accepted place at this treatment agency (circle one)</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> 2. No</p> <p style="color: red;">If 2, STOP and return form to HRB.</p>
<p>17b. Assessment criterion fulfilled (circle)</p> <p><input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Pending <input type="radio"/> 6. Not applicable</p> <p style="color: red;">If 2, STOP and return form to HRB.</p>	<p>17c. Date assessment criterion fulfilled</p> <p><input type="text" value="21"/> <input type="text" value="06"/> <input type="text" value="13"/></p> <p style="text-align: center;">Day Month Year</p>	

*Please note that the sample form shows mock data for illustration purposes only.

Q13. Date of referral for this treatment episode

<p>This date refers to the date on which the client presents to the treatment provider for assistance regarding their drug or alcohol problem.</p> <p>A client may be referred, assessed and treated on the same day.</p>		<p>The term referral can be defined as directing a person to a source for help, information or treatment in relation to problem drug or alcohol use.</p>
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Q14. Main reason for referral

The codes for main reason for referral are:

1. Alcohol
2. Illicit Drug
3. Licit Drug
4. Other problem

Circle **only one** of the above.

For illicit and licit drugs you must **specify the name of the drug** used.

For any other problem you must **specify the nature of the problem**.

Other problem includes gambling problems, eating problems, spending problems and concerned persons.

If **Cocaine** please specify whether this is coke or crack cocaine.

If **Methadone** please specify if it is street or prescribed methadone.

If **Head shop drug** please specify the name of the substance.



An **illicit drug** is a drug that has not been sanctioned by law and is, therefore, illegal (such as heroin, cocaine, ecstasy, cannabis etc). If an individual's main problem substance is an illicit drug please circle 2 and specify the type of drug used.

A **licit drug** is a drug that can be dispensed by a pharmacist and, therefore, is legal. If an individual's main problem substance is a licit drug (such as methadone, prescribed painkillers/analgesics or benzodiazepines) please circle 3 and specify the type of drug used. Although licit drugs are legal they can be misused in the same way as illegal drugs. Licit drugs can be bought on the street (see **Appendix 7**).

Although they are products legally sold on the market, **volatile inhalants** are considered illicit when misused as a drug.

If the client is misusing two substances (such as heroin and alcohol) and both substances are problematic, the treatment provider and client should come to an agreement as to which substance is more problematic.

If the client is a **concerned person**, please circle 4 and send form to HRB

Q15a. Source of referral

Please circle the appropriate code.



- If the client is referred by a psychiatrist, please circle 17.
- If the client is referred by an addiction counsellor, please circle 4.
- Community services (code 7) include public health nurse and family liaison and counselling services (excluding addiction counsellor).

Q15b. If client was referred from another treatment centre, please give reason for referral.

Please circle the appropriate code.



This question should only be completed if the client was referred from the following sources; 4.Other drug treatment centre, 5. general practitioner, 6.Acute hospital service excluding A&E, 13.Prison, 15.Mental health liaison nurse at A&E, 17.Mental health facility (incl. psychiatrist)

Q16. Date of initial assessment for this treatment episode

This refers to the date on which the client was assessed for problem alcohol or drug use by the treatment provider for this treatment episode in the reporting year.

A client may be referred, assessed and treated on the same day.



An assessment is an evaluation of an individual's needs. The aim of assessment is to identify the requirements of the individual in order to inform decisions about treatment, care and support. It usually takes the form of one-to-one discussions between the treatment provider and the individual.

Q17a. Assessment outcome

Please indicate whether the client is suitable for treatment.



If the client is suitable for treatment please circle 1.
If the client is **not** suitable for treatment, please circle 2 and **STOP. Ensure Q 14 is complete and send form to the HRB.**

Q17b. Assessment criterion fulfilled

Assessment criterion refers to criteria which must be fulfilled by the client.



- Some centres have formal assessment criterion while others do not, if this centre has no formal explicit assessment criterion please circle **8** (Not Applicable).
- Requirements may include for example urinalysis, be substance free etc.
- Circle **3** (Pending) if the results of the assessment criterion are not yet known and continue with the form.

Q17c. Date assessment criterion fulfilled

This refers to the date on which the client has fulfilled the assessment criterion.



If this centre has formal assessment criteria please enter the date on which this criterion was fulfilled.

If the assessment criterion is pending (code 3 at 17b) this date may be left blank and completed once the assessment criterion has been fulfilled.

Q18a. Treatment status

If the client is offered a place with **this** treatment provider, circle 1.
If the client is placed on a waiting list for an opiate substitute please circle 2. If the client is receiving counselling while waiting for an opiate substitute please circle 2 and fill in the form with the counselling details.

If a client is receiving an intervention while waiting for a place on a treatment programme other than opiate substitution, please circle 1.

If the client is placed on other drug treatment waiting list (excluding opiate substitution) circle 6.

If the client is transferred to another site, circle 3, specify the name of the site.
If the client is undergoing a psychiatric assessment **only**, circle 4. For example, some clients are referred by general practitioners or counsellors from other drug treatment centres for a psychiatric opinion.



- This question should only be completed if the client is suitable for treatment.
- If **1, 2 or 6** continue form when treatment commences.
- If **2 or 6** answer Q18b when client comes off waiting list.
- If **3** specify site transferred to and **STOP. Ensure Q14 is complete and send form to the HRB.**
- Code **4** is used when the client is undergoing a psychiatric assessment **ONLY. If 4 STOP. Ensure Q14 is complete and send form to the HRB.** If the client undergoes psychiatric assessment and will continue in treatment at this centre the appropriate code is **1, 2 or 6. Fill the complete form** and indicate in Section G-(Activity Details) if psychiatric treatment has been provided.

Note: If the client cannot get a specified treatment start date and must wait for a place to become available they are considered to be placed on a waiting list.

Q18b. If client was on waiting list, please give reason client removed from waiting list.

If the client was placed on a waiting list please indicate the reason why the client was removed from the waiting list



- This question should only be completed if the client was placed on a waiting list.
- If **1** continue the form when treatment commences.
- If **4** ensure the centre transferred to is specified **STOP** and **send form to the HRB.**
- If codes **2 to 8 STOP** and **send form to the HRB.**
- If other please circle **9** and specify.

Q19. Place accepted

Please indicate whether the client has accepted a place at this treatment centre.



If the client has accepted a place at **this** treatment centre, circle 1.
If the client has not accepted a place at **this** treatment centre, circle 2 and **STOP. Ensure Q14 is complete and return the form to the HRB.**

Section D: Treatment details

D. Treatment details	
<p>20. Number of times started treatment in this centre this year (Jan-Dec) (excluding continuous care and previous referrals or assessments) <i>(Enter 1, if first time this year)</i></p>	<p><input type="text" value="1"/> Times</p>
<p>21a. Date THIS treatment started</p>	<p><input type="text" value="22"/> <input type="text" value="06"/> <input type="text" value="13"/> Day Month Year</p>
<p>21b. If received an opiate substitute (methadone/suboxone) date THIS substitution started</p>	<p><input type="text" value="22"/> <input type="text" value="06"/> <input type="text" value="13"/> Day Month Year</p>
<p>22. Ever previously treated for problem drug or alcohol use (if main problem is alcohol, circle appropriate answer in alcohol options or if main problem is a drug, circle appropriate answer in drug options)</p>	<p>Alcohol 1. Never treated 2. Previously treated 3. <input checked="" type="radio"/> Not applicable 9. Not known Drug 1. <input checked="" type="radio"/> Never treated 2. Previously treated 8. Not applicable 9. Not known</p>
<p>23. Type of contact with this centre (circle)</p>	<p>1. <input checked="" type="radio"/> First treatment 2. One or more treatment periods 9. Not known</p>

**Please note that the sample form shows mock data for illustration purposes only.*

What do we mean by treatment?

Treatment is any activity targeted at people who have problems with substance use, and which aims to improve the psychological, physiological and sociological state of individuals who seek help for their problem substance use;

Treatment options include one or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training;

Treatment is provided in both residential and non-residential settings.

Q20. Number of times started treatment in this centre, this year (Jan - Dec), excluding continuous care.

Indicate the number of times the client has started treatment for a drug or alcohol problem in **this** centre in **this** calendar year.
Enter 1 if this is the first time the client has presented for treatment this year.



- This question refers to treatment only.
- Do **not** include the number of times the client has been previously referred or assessed **and not treated**.
- Do **not** include continuous care clients.
- A client may attend a clinic several times during the same treatment period. However, if a client is discharged from treatment but resumes treatment at a later stage, the client is thus going through his/her **second** treatment period.
- If a client returns to treatment and has **only** previously been assessed (not treated), this client requires a new assessment prior to treatment. This treatment is the client's **first** treatment period.

Q21a. Date this treatment started

This refers to the date in which the client was treated for problem drug or alcohol use, by the treatment provider, for **THIS** treatment episode, in the reporting year (Jan - Dec).
A client may be referred, assessed and treated on the same day.



The date this treatment started does **not** refer to the date when the form was completed, but to the date treatment commenced.

Q21b. If receiving an opiate substitute, record the date this substitution started

If a client begins counselling (or another form of treatment) and is still undergoing assessment for opiate substitution, it is essential to record the date substitution begins.



Q21a and 21b can be the same date. Please skip if client does not require any opiate substitution.
Only write a date here if the client receives an opiate substitution (methadone/suboxone) as part of the current treatment episode provided by this centre.

Q22. Ever previously treated for problem alcohol or drug use

1. **Never treated** refers to a client who is receiving treatment for the first time, and has never received treatment **for the main problem substance** (alcohol or drugs) anywhere or at anytime in the past.
2. **Previously treated** refers to a client who has received treatment **for the main problem substance** (alcohol or drugs) at some point in the past, either from this treatment centre or from any other treatment centre.
8. **Not Applicable.** If the main substance is alcohol, **Drug** must be **Not applicable**. If the main substance is a drug, **Alcohol** must be **Not applicable**.
9. **Not Known.** Please try to obtain full and accurate information. If not known, circle 9.



- If a client has been referred on by another provider, but did not receive treatment there, then that person has **not** been previously treated.
- **Only the main substance is relevant.** If the main substance is alcohol, **Drug** must be **Not applicable**. If the main substance is a drug, **Alcohol** must be **Not applicable**.
- Needle-exchange service is **not** treatment.

Q23. Type of contact with this centre

1. First treatment at this centre.

This refers to a client who is being treated at **this** treatment centre for the first time for problem substance use.

2. One or more treatment periods.

This refers to a client who has been treated at **this** treatment centre at anytime in the past for problem substance use.

9. Not known.

It should be possible to distinguish between new and returning clients.

However, if not known circle 9.

Section E: Substance use (including alcohol)

E. Substance use

24a. Age first used any drug (excluding alcohol and tobacco) years (if not applicable code 88)

24b. Specify first drug used (excluding alcohol and tobacco) MARIJUANA

25e. Please specify the preferred types of alcohol consumed (circle all that apply)
 Beer Spirits 4. Wine 5. Fortified wine 6. Cider 7. Alcopops
 Other (e.g. methylated spirits)
 Specify _____

a. Problem substance(s) including alcohol (write in words)	b. Route of administration	c. Frequency of use in last month	d. Age at first use (years, if unknown 99)
25. Main substance name <u>HEROIN</u>	1. Inject <u>1</u>	1. Once a week, or less <u>3</u>	<u>17</u>
26. Substance 2 name* <u>VALIUM</u>	2. Smoke <u>3</u>	2. 2-6 days per week <u>3</u>	<u>18</u>
27. Substance 3 name <u>MARIJUANA</u>	3. Eat/drink <u>2</u>	3. Daily <u>2</u>	<u>14</u>
28. Substance 4 name <u>ALCOHOL</u>	4. Sniff/snort <u>3</u>	4. No use in past month <u>3</u>	<u>13</u>

28f. How many standard drinks were consumed on a typical drinking day over the past month? Standard drinks (if none write 0)

28g. Please specify the number of days alcohol was consumed within the past month (if none write 0) Days

28h. Please categorise the extent of the drinking problem (circle)
 2. Hazardous drinker 3. Harmful drinker 4. Dependent drinker

*In addition to the main problem substance, record any secondary substances that are part of the client's CURRENT problem alcohol or drug use.

*Please note that the sample form shows mock data for illustration purposes only.

Q24a. Age first used any drug

Record the age of the client when s/he first used any drug for non-medical purposes.



This excludes alcohol and tobacco. This **includes** experimentation for example glue, markers, Tippex and aerosols etc. If never used any drug, enter 88. If not known, code 99.

Q24b. First drug used

Write in words the first drug the client used for non-medical purposes.



This excludes alcohol and tobacco. This **includes** experimentation for example glue, markers, Tippex and aerosols etc. If not applicable, code 998. If not known, code 999.

Q25a. Main problem substance (includes alcohol)

Problem substance use is the taking of any legal or illegal substance, which harms the physical, mental or social well being of the individual, the group or society. Record the name of the substance that the client gives as the main problem for which s/he is seeking treatment.



- The main problem substance listed here should be the same as the main reason for referral listed at Q14.
- If a client is substance free, record the main substance s/he was last using and for which treatment was sought.
- **Alcohol** can be recorded as the main, subsequent, or only problem substance.
- Tobacco is excluded.
- If **Cocaine** please specify whether this is coke or crack cocaine.
- If **Methadone** please specify if it is street or prescribed methadone.
- If **Head shop drug** please specify the name of the substance.

Please note: If the client has been receiving **prescribed Methadone** then we need the problem Opiate that led them to be receiving this prescription (i.e. Heroin) specified at Q25-Q28.

Q25b. Route of administration for main problem substance

Record usual route of administration from the codes provided.

Please try to obtain a full and accurate history from each client.



- **Topical** refers to absorption through the skin (eg. transdermal patches).
- **Sublingual** refers to drugs placed underneath the tongue ensuring more rapid and effective absorption (e.g. buprenorphine).
- If the client is substance free at the point of treatment contact, record the usual route of administration when s/he was last using this substance.

Q25c. Frequency of use of main substance in the past month

Record the frequency of use during the past month from the codes provided.



- The frequency of use refers strictly to use in the **last 30 days** before the treatment contact.
- If the client is substance free or has not used this substance in the past 30 days, use code 4 (no use in the past month).
- For weekend use, circle 2.

Q25d. Age at first use

Record age in years when client first used this substance.
If not known, code 99.

Q26/27/28. Additional substances (substance 2, substance 3, substance 4)

a. Name(s) of additional substance(s)

Record the names of up to three substances, which are also part of the client's **CURRENT** problem substance use.
If **Cocaine** please specify whether this is coke or crack cocaine.
If **Methadone** please specify if it is street or prescribed methadone.
If **Head shop drug** please specify the name of the substance.



This item does not attempt to record all other substances that have been used by the client, but only those that are seen by the client and/or treatment staff as significant in the client's **CURRENT** problem alcohol or drug use.
Thus, occasional or moderate and controlled use of alcohol or cannabis would not be included, **but bouts of heavy drinking, barbiturate intoxication, episodes of compulsive cocaine use, for example, should be included.**

b. Route of administration of additional substance(s)

Record usual route of administration from the codes provided. Please try to obtain a full and accurate history from each client.



If the client is substance free at the point of treatment contact, record the usual route of administration when s/he was last using.

c. Frequency of use of additional substance(s)

Record the frequency of use during the past month from the codes provided.



The frequency of use refers strictly to use in the **last 30 days** before the treatment contact.

d. Age at first use of additional substance(s)

Record age in years when client first used each additional (secondary) substance. If unknown, code 99.

If alcohol is listed as a problem substance at Q25, Q26, Q27 or Q28, please answer Q28e to Q28h, otherwise skip to Section F (Q29a).

Q28e. Specify preferred types of alcohol consumed

Specify the **preferred types** of alcohol consumed i.e. the type(s) the client would normally consume.

If **other**, please **specify** the type/name of alcohol consumed.

If the client has abstained from alcohol for the month prior to treatment please record the preferred type he/she would normally have consumed when previously drinking.



- **Beer** includes lager, stout and ale.
- **Fortified wines** are created by adding a distilled beverage (usually brandy) to a wine. The most popular ones are port, madeira, marsala, sherry, and vermouth.
- **Cider** is made from the fermented juice of apples mainly, though pears are also used.
- Popular **spirits** include absinthe, brandy, German Schnapps, gin, rum, tequila, vodka, and whisky.
- An **Alcopop** is an alcoholic beverage made with fruit juices and other flavourings. Examples include Smirnoff Ice and Bacardi Breezer.

Q28f. How many standard drinks were consumed on a typical drinking day within the past month?

Specify the number of **standard drinks** consumed on a **typical drinking day** within the past month.

Note: This refers to consumption on a **typical drinking day** and does not refer to total alcohol consumption for the month.

The frequency of use refers strictly to use in the **last 30 days** before the treatment contact.

If no use in the past month write zero.



Standard Drink
The amount of pure alcohol in a standard drink differs between countries. **In Ireland a standard drink contains 10 grams of pure alcohol.** Examples are:

- A pub measure of spirits (35.5ml)
- A small glass of wine (100ml & 12.5% vol)
- A half pint of normal beer/cider
- An alcopop (275ml bottle)

	Millilitre (ML)	% alcohol	No. Standard drinks *
Bottle			
WINE	750ml	12.5	8
VODKA	700ml	37.5	21
BRANDY	700ml	40	22
WHISKEY	700ml	40	22
GIN	700ml	38	21
NAGGIN			
VODKA	175ml	37.5	5
BRANDY	175ml	40	6
WHISKEY	175ml	40	6
GIN	175ml	38	5
FLAGGON			
CIDER	2 litres	4.5	8

* All figures rounded to nearest whole number

Q28g. Please specify the number of days alcohol was consumed within the past month

Record the **number of days** within the last 30 days alcohol was consumed. If no use in the past month write zero.

Q28h. Please categorise the extent of the drinking problem

Circle one option only

Categorise based on the extent of the alcohol issue being treated and the clients level of dependency, e.g. a client may not have consumed alcohol in the past month; however the addiction being treated may be that of a dependent drinker.

If the categories are not appropriate for the client being treated, please write your response under this question.



2. Hazardous drinking is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.

3. Harmful drinking can be described as a pattern of use which is already causing damage to health. This damage may be physical or mental.

4. Dependent drinker refers to physical and psychological dependence on alcohol resulting from habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

Section F: Risk behaviour

F. Risk behaviour	
<p>29a. Injected in past month (circle) <input checked="" type="radio"/> 1. Yes 2. No 9. Not known</p> <p>29b. Ever injected (circle) <input checked="" type="radio"/> 1. Yes 2. No 9. Not known</p>	<p>29c. If yes, age first injected <input type="text" value="18"/> years (if not applicable code 88)</p> <p>30. Ever shared any injecting equipment (circle) 1. Yes <input checked="" type="radio"/> 2. No 8. Not applicable 9. Not known</p>

*Please note that the sample form shows mock data for illustration purposes only.

Q29a. Injected in past month

Injecting in past month refers to whether the person has injected any drug at least once in the past 30 days. Circle the appropriate code.



Injecting includes intravenous, intramuscular or subcutaneous (beneath or just under the skin) administration. This excludes *bona fide* medical injection (insulin for diabetics, vaccinations etc.)

Q29b. Ever injected

Ever injected refers to whether the person has injected any substance for non-medical purposes at least once in his/her lifetime. All substances ever used by the client must be taken into account.



This includes the injection of any substance for non-medical purposes. This excludes medical injections (insulin for diabetes, vaccinations etc).

Q29c. If yes, age first injected

Enter the age when the client first injected.
If never injected, code 88.
If not known, code 99.

Q30. Ever shared

Circle the appropriate code.
If never injected, circle 8.



Ever shared refers to whether the client has ever shared injecting equipment. This includes needles, syringes, spoons, filters, citric, water to mix drug, water or bleach to clean equipment.

Section G: Activity details

G. Activity details		H. Exit details	
33a. Treatment interventions provided <small>(please tick all treatment interventions provided and circle the main treatment intervention)</small>	33b. Date commenced each type of treatment intervention	33c. Date completed (or of last visit) for each intervention	33d. Number of sessions/visits for each intervention
1. Brief intervention	✓ 22/6/13		
2. Alcohol detoxification			
3. Benzodiazepine detoxification			
4. Detoxification symptomatic medication			
5. Opiate detoxification (suboxone/subutex)			
6. Opiate detoxification (lofexidine)			
6b. Other detoxification Specify _____			
7. Methadone detoxification			
8. Methadone substitution	✓ 22/6/13		
9. Other substitution (excluding methadone) Specify _____			
12. Medication-free therapy (psychosocial therapy, therapeutic community, Minnesota Model etc)			
13. Psychiatric treatment			
14. Individual counselling			
15. Group counselling			
16. Social and/or occupational reintegration			
17. Family therapy			
18. Brief intervention: individual education /awareness programme			
19. Group education/ awareness programme			
20. Structured aftercare programme			
21. Complementary therapies			
22. Medication to maintain alcohol free status			
23. Strengthening family programme			
25. Key Worker appointed			
26. Case Manager appointed Specify service where appointed _____			
27. Care Plan			
28. Facilitated detox			
24. Sent to another site for an additional intervention not provided here			
	Specify site name _____		

**Please note that the sample form shows mock data for illustration purposes only.*

Q33a. Treatment interventions provided

The interventions provided at this centre during this treatment episode should correspond with the client's main reason for referral (Q14) and substance use (Q25 – Q28). For example, if a client presents with alcohol as the main reason for referral then the possible interventions s/he may undertake can include alcohol detoxification, medication-free therapy, psychiatric treatment, counselling, social and/or occupational reintegration, family therapy, education/awareness programme or referred/transferred to another site.

Q33a. Treatment interventions provided

Tick **all** that apply, more than one intervention can be ticked



Ensure all initial treatment **interventions** are ticked.
At least one treatment intervention should be provided to this client for this treatment episode.

Q33b. Date commenced each type of treatment intervention

This refers to the date on which the client began each type of treatment intervention for problem alcohol or drug use during this treatment episode.



Ensure a date is provided for each intervention listed at Q33a.

1. Brief intervention

Typically, brief interventions consist of one to four sessions with a trained interventionist (counsellor, doctor, psychologist or social worker for example), with each session ranging from 30 minutes to an hour. Research findings indicate that brief interventions can be an effective way to reduce substance misuse, especially among non-treatment-seeking people who do not have severe substance misuse problems that would require more intensive treatment.

A brief intervention that includes motivational interviewing is called a brief motivational intervention (BMI). BMI is a collaborative method that makes use of reflective listening and empathy as well as specific techniques (asking key questions, anticipating the future) to enable clients with substance misuse-related problems to explore and resolve their ambivalence about reducing their substance use. Brief motivational interventions often involve giving the client feedback regarding his/her substance misuse and the risks associated with it. This type of brief intervention is also included in code 1.

2. Alcohol detoxification

Sometimes clients must go through a detoxification programme before undergoing a counselling programme. Detoxification will remove the physical craving for alcohol. Detoxification does not deal with the psychological issues that cause a person to misuse alcohol. For a successful outcome, people usually have to go through counselling afterwards to understand their addiction and change their behaviour patterns.

3. Benzodiazepine detoxification

Based on the same principle as alcohol detoxification (see above for definition).

4. Detoxification symptomatic medication

Symptomatic medication is used to relieve the symptoms experienced by a person who is withdrawing from a substance on which s/he is dependent.

5. Opiate detoxification (suboxone/subutex)

Buprenorphine can be used as an opiate substitute. It relieves cravings and withdrawal symptoms. It does not produce the same level of dependence as methadone and is easier to stop because there are fewer withdrawal symptoms.

6. Opiate detoxification (lofexidine)

Lofexidine suppresses the chemicals which produce the acute withdrawal symptoms that clients experience. It is used increasingly as a safe and effective method to help young people withdraw from opiates without the addictive properties of other opiate substitutes.

6b. Other detoxification

If providing detoxification using another substance, please specify.

7. Methadone detoxification

The term detoxification implies a clearing of toxins. However, for individuals with physiological substance dependence, detoxification is usually related to withdrawal syndrome. This is the predictable group of signs and symptoms following abrupt discontinuation of, or rapid decrease in, intake of a substance that has been used consistently for a period of time. In order to prevent or reduce the anxiety of the client it is vital to give clear and accurate information about what is going to happen.

8. Methadone substitution

Methadone is an opiate substitute. It is taken once per day because its long duration eliminates opiate withdrawal symptoms for 24 to 36 hours. It reduces the cravings for heroin and blocks the euphoric effects of injected heroin, thereby freeing the patient from the daily cycle of seeking out, buying and using heroin.

9. Other substitution (excluding methadone)

If the client is prescribed a substitute (opiate or non opiate) drug other than methadone, please circle 9 and specify the drug in the space provided.

12. Medication free therapy

In order to break the cycle of chronic drug use, drug-dependent individuals must make important changes to their attitudes and lifestyles; they usually need help in doing so. Psychosocial treatments, psychoanalysis, therapeutic community and spiritual approaches help drug misusers achieve and sustain meaningful periods of abstinence.

13. Psychiatric treatment

Psychiatric treatment for problem drug use involves clients receiving a combination of counselling and prescribed medication (other than or along with opiate substitutes or detoxification medications) to alleviate their problems.

14. Individual counselling

In individual counselling the relationship between the client and counsellor is of fundamental importance. The task of the counsellor is concerned with the development of the relationship and its process from initial contact to effective outcome. The counsellor helps the client to identify choices for the future and supports their implementation. **Relapse prevention is considered as being part of counselling.**

Counselling theory and practice can be divided into three main areas: psychoanalytical, behavioural and cognitive. These approaches represent different ways of understanding human personality.

Psychoanalysis is concerned with how past conflicts influence present behaviour.

Behavioural therapy focuses on the problem behaviour itself.

Cognitive approaches aim to understand current problems and ways of interacting.

While counsellors work from a fundamental base of theoretical knowledge and self-awareness, in practice, they may fuse different theories and approaches in order to effectively recognise the needs of their clients and offer appropriate help.

15. Group counselling

In group counselling the counsellor acts as facilitator for more than one person. The aim of a group therapy is to explore, to change, to challenge and be challenged towards personal growth. The group interacts within itself, with its members and with the counsellor. At times, the group takes over the role of counsellor by focusing, listening and helping to resolve problem areas. The strongest reason for participation in group counselling can be the support of group members for one another through explorations of self. **Relapse prevention is considered as being part of counselling.**

16. Social and/or occupational reintegration

The primary aim is to prepare the client for positive participation in daily life. It consists of personal development courses, work-related training and work experience projects.

17. Family therapy

Family therapy (a form of psychotherapy) involves discussion and problem-solving sessions with selected family members. Some of these sessions may be as a group, in couples, or one on one. In family therapy, the web of interpersonal relationships is examined and, ideally, communication is strengthened within the family. During family therapy, if relevant, patterns which may contribute to problem drug misuse are identified and family members are facilitated to address these patterns.

18. Brief intervention: individual education/awareness programmes

These programmes inform clients of the effects of alcohol and drug misuse. Individual education/awareness programmes involve individual sessions with clients and normally consist of a predetermined number of sessions.

19. Group education/awareness programmes

These programmes inform clients of the effects of alcohol and drug misuse. Group education/awareness programmes involve group sessions with clients and normally consist of a predetermined number of sessions.

20. Structured aftercare programme

Aftercare is the name given to the specialised outpatient treatment which follows residential treatment for problem alcohol or drug use. The aim of aftercare is to provide comprehensive care and follow-up arrangements which support the client outside the residential setting. The ongoing needs of clients are evaluated based on the success of their treatment, issues identified in their aftercare plan and the assessments of their aftercare counsellor. Aftercare may include a number of different aspects such as individual and/or group sessions, family involvement, monitoring for relapse, outpatient follow-up with an experienced therapist and random urine screening.

21. Complementary therapies

Complementary approaches to drug misuse are now used. For example, **acupuncture** for the treatment of stimulant misuse. Other complementary therapies such as **reflexology, yoga, massage** are used to manage the stressors associated with the problem drug misuse.

22. Medication to maintain alcohol free status

Clients may require to stay on medication (for example Antabuse) in order to remain alcohol free after undergoing a detoxification programme. Clients may be supervised by a health professional while they are on such medication.

23. Strengthening family programme

This is a Family/Systemic Consultation. It is an intervention within families and communities which enhances protective factors for young people.

In other words, this is a family skills training programme designed to increase resilience and reduce risk factors for substance misuse such as depression, violence and aggression, involvement in crime and school failure in high-risk 13-17 year old children and their parents.

25. Key Worker appointed

This is a named service worker who is assigned to work closely with the service user and provide a range of psycho-social interventions/ advocacy. Tasks include:

- engaging with service user
- ensuring consent
- completing assessment and care plan
- advocating on behalf of service user
- working to fulfil care plan actions relating to their direct service provision
- keeping relevant case notes / records

26. Case Manager appointed

This is an identified worker who has a formal role to manage the total care of a patient attending the addiction service. Tasks include:

- Drawing together a case management team comprised of all relevant key workers
- Facilitating this case management team to develop and agree a care plan either by phone/email or through case management meeting
- Acting as contact point for Case Management team and service user
- Overseeing implementation of care plan
- Maintaining the full case file, i.e. assessment, care plan, and updates/ agency reports.
- Communicating any relevant gaps/ blocks/ barriers to the pilot coordinator through the line management.
- Remaining as Case Manager until formally handed over to new Case Manager or until disengagement or case closure processes are followed.
- Ensuring that services make adequate provision for staff cover for both holidays and shift work situations.

27. Care Plan

This is a realistic set of goals and targets formulated for the client.

28. Facilitated Detox

This is a service which supports individuals to detox within the community with the support of a multi-disciplinary team.

24. Sent to another site for an additional intervention not provided here

If the client is sent to another site for an additional intervention not provided at this centre, while he/she is undergoing treatment at this centre, tick and specify the name of the site sent to.

Q33a. Treatment interventions provided

Tick all **treatment interventions** provided during this treatment episode.

Ensure any **subsequent treatment interventions provided during this treatment episode are listed here. (i.e. in addition to those provided when the client began treatment)**

Circle the **main** treatment intervention.



As the treatment episode progresses **additional interventions** may be provided and these will need to be included at Q33a-Q33d when the EXIT details are being completed.

A client may receive many interventions during an episode of treatment but the treatment approach is usually centred around a single intervention; this is the **main** intervention.

The main treatment intervention varies depending on the purpose of the treatment service.

For example, the main intervention provided for a person attending a medication free centre is code 12. Medication-free therapy. This person may also receive individual counselling, group counselling, family therapy and so on.

Q33b. Date commenced each type of treatment intervention

This refers to the date on which the client began each type of treatment intervention for problem alcohol or drug use during this treatment episode.



Ensure a date is provided for **all** interventions including any additional interventions provided since the client began treatment.

Q33c. Date completed (or of last visit) for each type of treatment

This refers to the date on which the client completed each type of treatment intervention for problem alcohol or drug use during this treatment episode.



If the client did not complete a particular treatment, record the date of his/her last appointment for that treatment.

Q33d. Number of sessions/visits for each treatment intervention

Record the number of sessions/visits the client attended for each treatment intervention provided for problem alcohol or drug use during this treatment episode.



A session or visit is **each appointment** a client attends.

Q34. Outcome for main treatment intervention

The outcome for the main treatment intervention for problem alcohol or drug use provides important information regarding the end result of the main treatment intervention during this treatment episode. Circle appropriate code. If **other**, please specify.



A client is **stable** when he/she has engaged with the service provider, is responding to treatment, and making an effort to reduce drug/alcohol use or to remain drug/alcohol free.

A client is **unstable** when unable to respond to the treatment provided and may be in need of referral to another site.

If a client does not return for subsequent appointments, circle 5 and skip Q35 (this is not considered as premature exit for non-compliance).

Q35. If outcome for main treatment intervention is premature exit from treatment site (Q34 code 6), main reason for non-compliance

Please circle the appropriate code.



Please skip if outcome for main treatment intervention is **not** premature exit from treatment site.

Q36. Client's condition at discharge or when last seen

This provides important information regarding the client's condition when he/she left the treatment site. Circle appropriate code. If **other**, please specify.



A client is **stable** when he/she has engaged with the service provider, is responding to treatment, and making an effort to reduce drug/alcohol use or to remain drug/alcohol free.

A client is **unstable** when unable to respond to the treatment provided and may be in need of referral to another site.

Q37. Date of final discharge or transfer

This refers to the date on which the client was discharged or transferred from the treatment site.

Q38a. Client referred to ongoing aftercare programme provided by this centre

Circle yes if the client was referred to on going aftercare programme provided by **this** centre.



Please skip if the client has **not** been referred to an ongoing aftercare programme provided by **this** centre – this refers to unstructured aftercare provided by this centre after the client has exited treatment.

Q38b. For clients transferred to another site for additional treatment upon discharge

Record the name of the site to which the client was referred or transferred to for additional treatment upon discharge.



Please skip if the client has **not** been transferred to another site upon discharge from this centre.

Q39. Please specify the number of family members or significant others (who were not treated for a personal addiction) involved in this treatment.

Record the number of family members or significant others (who did not receive treatment for a personal addiction) who were involved in the client's treatment.

If none write zero on the form



Family members or significant others include client's partner/spouse, mother and/or father, adoptive parents, foster parents, sisters, brothers or extended family (such as grandparents, uncles, aunts) or close friend who support the client during their treatment and recovery from substance misuse.

Q42a. Urine screening during treatment

Record whether or not urine screening(s) were undertaken during this treatment episode.

Q42b. Urine screening ordered by

Record whether urine screening(s) are part of the procedure at this centre or are ordered by the Court.

Q40. Vaccination

Circle each dose of the vaccine provided at this centre during this treatment episode.



Hepatitis A and B vaccination may be provided to drug users as they are named as a high risk population in the immunisation guidelines for Ireland 2002. In order to acquire immunity, a minimum of three doses is required.

Q41. Viral screening uptake

Circle any blood-borne viral tests provided at this centre during this treatment episode.



Blood-borne viral testing may be offered to drug users for HIV, Hepatitis B and Hepatitis C.

Appendices

Appendix 2: Health Service Executive (HSE) area codes

Code	HSE area
03	HSE Southern Area
04	HSE North Western Area
05	HSE Midland Area
06	HSE Western Area
07	HSE Mid Western Area
08	HSE North Eastern Area
09	HSE South Eastern Area
11	HSE East Coast Area
12	HSE South Western Area
13	HSE Northern Area

Appendix 3: Type of treatment centre codes

Code	Type
	Specialised residential
11	Specialised inpatient detoxification unit
12	Therapeutic community
14	Other specialised residential treatment
	Specialised non residential
21	Hospital outpatient treatment centre
22	Day centre/hospital
23	Local health care/social service centre
24	Low threshold
25	Other specialised non-residential
	Based in general services
31	Inpatient psychiatric hospital/unit or acute general hospital
32	Outpatient mental health care centre
33	General practitioner
34	Residential social care facility
35	Non residential social care facility
36	Other non specialised non-residential centre
37	Primary care
	Prisons
41	Treatment in prison

Appendix 4: Area of residence, City/County and CCA codes

Area	Area of residence	Community Care Area code	City/County code
Carlow	711	0901	CW
Cavan	732	0803	CN
Clare	720	0702	CE
Cork - North Lee	700 / 721*	0301	NL
Cork - South Lee	700 / 721*	0302	SL
Cork - North Cork	721	0303	NC
Cork - West Cork	721	0304	WC
Donegal	733	0401	DL
Dublin City	pink book**	see Appendix 5	D
Dublin County	pink book**	see Appendix 5	DN
Galway City	742	0601	G
Galway County	727	0601	GY
Kerry	722	0305	KY
Kildare	pink book**	1209	KE
Kilkenny City	710	0901	K
Kilkenny County	712	0901	KK
Laois	713	0502	LS
Leitrim	728	0402	LM
Limerick City	740	0701	L
Limerick County	723	0701	LK
Longford	714	0501	LD
Louth	715	0801	LH
Mayo	729	0602	MO
Meath	716	0802	MH
Monaghan	734	0803	MN
Offaly	717	0502	OY
Roscommon	730	0603	RN
Sligo	731	0402	SO
Tipperary NR	724	0703	TN
Tipperary SR	725	0902	TS
Waterford City	741	0904	W
Waterford County	726	0904	WD
Westmeath	718	0501	WH
Wexford	719	0903	WX
Wicklow	pink book**	see Appendix 5	WW
Outside Ireland			
Northern Ireland	751	8888	XX
UK (excluding Northern Ireland)	752	8888	XX
EU (excluding UK and Northern Ireland)	753	8888	XX
Other European (outside EU)	754	8888	XX
America, Africa, Asia, Australia	755	8888	XX

* area of residence is 700 for Cork **City** and 721 for Cork **County**

** look up specific DED code in the pink book¹ for **Dublin, Kildare and Wicklow**

¹ Health Information Unit. (2008 Revision). *Health Atlas Street Index. Dublin, Kildare and Wicklow*. Dublin: Health Service Executive, Eastern Regional Area.

Appendix 5: CCA codes for Dublin and Wicklow

Area	DED Code	Community Care Area code
Dublin		
CCA 1 Dublin South	407-421, 432-436, 442-456, 458-468. 111-114, 116-117, 128-131, 401-406, 422-431, 437-441, 457, 469.	1101
CCA 2 Dublin South East	96-103, 110, 115, 127, 132-137, 140-153, 161-162, 302, 311-313, 322-326.	1102
CCA 3 Dublin South City	51-56, 90-94, 154-156, 301, 303-304, 314, 328-349.	1203
CCA 4 Dublin South West	37-40, 57, 61, 78-79, 83-85, 95, 305-310, 315-321, 327.	1204
CCA 5 Dublin West	1-7, 11-14, 20, 27, 30-36, 63-69, 82, 118, 139, 208-217, 220, 227 241.	1205
CCA 6 North West Dublin	9-10, 15-19, 21, 24-26, 28-29, 42-45, 47-50, 58-60, 70, 80-81, 104-109, 138, 157-160, 201, 242.	1306
CCA 7 Dublin North Central	8, 22-23, 41, 46, 62, 71-77, 86-89, 119-126, 202-207, 218-219, 221-226, 228-240.	1307
CCA 8 North Dublin		1308
Wicklow		
East Coast	601-607, 632-683	1110
Western Area	608-631	1209

Appendix 7: Drug and other problem classification codes

N.B. Please note distinction between street opiates/opioids (i.e. not prescribed by doctor and dispensed by pharmacist), and substitute opiates/opioids used as part of drug treatment programme.

Heroin and other opiate-type drugs

Code	Drug name(s)
100	unspecified opiate-type drug - ILLICIT
heroin (street/nonmedical use)	
111	heroin, dia-morphine ("smack", "junk", "horse") - ILLICIT
opium and morphine (street/nonmedical use)	
121	morphine - LICIT
1210	NAPP - LICIT
1211	MST- LICIT
122	opium - ILLICIT
123	home-made concoction from opium poppies or poppy straw - ILLICIT
1231	"poppy tea"/"kompot" - ILLICIT
128	other (specified) form of opium or morphine or derivative - ILLICIT
codeine (street/nonmedical use)	
130	unspecified codeine or codeine derivative - LICIT
131	codeine linctus (unspecified/other) - LICIT
1311	cough syrup with codeine - LICIT
132	hydrocodeine - LICIT
133	dihydrocodeine (other) - LICIT
1330	DF118 - LICIT
1331	Paracodin - LICIT
138	other (specified) form of codeine or derivative - LICIT
847206	tylex – LICIT
847301	Feminax - LICIT
847302	Nurofen plus – LICIT
847303	paracodol – LICIT
847304	paramol (paracetamol & dihydrocodeine) - LICIT
847305	solpadeine – LICIT
847307	veganin – LICIT
847308	solpadol – LICIT
synthetic opiates (street/nonmedical use)	
140	unspecified synthetic opiate - LICIT
141	dextromoramide - LICIT
1411	palfium - LICIT
142	dextropropoxyphene - LICIT
1420	Propoxyphene - LICIT
1421	Darvon - LICIT
1422	Distalgesic - LICIT
143	dipipanone (diconal, "dike") - LICIT
144	methadone (physeptone, "phy") - LICIT
145	pethidine - LICIT
146	oxycodone hydrochloride - LICIT
14601	oxycontin - LICIT
14602	oxynorm - LICIT
147	tramadol hydrochloride - LICIT
1472	zamadol - LICIT
1473	zydol - LICIT

148	other (specified) synthetic opiate - LICIT
847201	hydromorphone - LICIT
847203	meptazinol - LICIT
847204	meptid - LICIT

opiate agonist-antagonists (street/nonmedical)

150	unspecified agonist-antagonist - LICIT
151	Buprenorphine (street) - LICIT
1511	buprex (street) - LICIT
1512	subutex (street) - LICIT
1513	temgesic (street) - LICIT
1514	suboxone (street) - LICIT
152	pentazoncine – LICIT
15201	fortral - LICIT
153	fentanyl - LICIT
15301	durogesic- LICIT
158	other (specified) opiate agonist-antagonist - LICIT

substitute opiates/opioids used as part of drug treatment programme

160	unspecified opiate substitute - LICIT
161	methadone - LICIT
162	codeine/dihydrocodeine - LICIT
163	Buprenorphine (prescribed) - LICIT
1631	buprex (prescribed) - LICIT
1632	subutex (prescribed) - LICIT
1633	suboxone (prescribed) - LICIT
164	heroin - LICIT
168	Other (specified) opiate substitute - LICIT
188	other (specified) opiate-type drug - LICIT
1881	cyclimorph - LICIT
1882	dimotane – LICIT

Cocaine, amphetamine and other stimulants

Code Drug name(s)

200 unspecified stimulant - ILLICIT

Cocaine

210	unspecified cocaine - ILLICIT
211	cocaine hydrochloride (coke) - ILLICIT
212	Crack cocaine - ILLICIT
2121	freebase cocaine - ILLICIT
218	other (specified) form of cocaine (e.g. cocoa paste) - ILLICIT

Amphetamines

220	unspecified amphetamine – ILLICIT
2201	speed – ILLICIT
2202	uppers – ILLICIT
221	amphetamine sulphate – ILLICIT
2211	whizz - ILLICIT
222	dexamphetamine – ILLICIT
223	methylamphetamatine – ILLICIT
224	methylamphetamine (smokable) – ILLICIT
2241	crystal meth – ILLICIT
2242	ice – ILLICIT

225	dimethoxybromoamphetamine ("snowball" "DOB") - ILLICIT
228	other (specified) form of amphetamine - LICIT
2281	dexedrine - LICIT

Other central nervous system stimulants

230	unspecified other stimulants (not cocaine/amphetamine) - ILLICIT
231	methylphenidate - LICIT
2311	ritalin - LICIT
232	phenmetrazine - LICIT
2321	preludin - LICIT
233	ephedrine - LICIT
23302	norephedrine - LICIT
23303	pseudoephedrine - LICIT
23304	ophedrine - LICIT
238	other (specified) stimulants - ILLICIT
2381	slimming pills (specified stimulant) - ILLICIT
2382	sibutramine – ILLICIT
2383	KHAT – ILLICIT

MDMA

240	MDMA or Methylenedioxyamphetamine - ILLICIT
2401	Ecstasy - ILLICIT
241	other (specified) central nervous system stimulant - ILLICIT
2411	BZP - ILLICIT
2412	Benzylpiperazine - ILLICIT
288	other (specified) central nervous system stimulant - LICIT

Hypnotics and sedatives

Code	Drug name(s)
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300	unspecified hypnotic/sedative-type drug - LICIT
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barbiturates and other hypnotics

310	unspecified hypnotic - LICIT
311	Barbiturates unspecified/other - LICIT
3111	seconal - LICIT
3112	sodium amytal - LICIT
3113	tuinal - LICIT
3114	pentobarbital - LICIT
3115	pentobarbitone - LICIT
84806	phenobarbitone - LICIT
84807	phenytoin - LICIT
312	methaqualone - LICIT
313	glutethimide - LICIT
31301	doriden - LICIT
314	chlormethiazole - LICIT
31401	heminevrin - LICIT
318	other (specified) hypnotic, excluding benzodiazepines - LICIT
31801	zolpidem - LICIT
31802	stilnoct - LICIT
31810	zimovane - LICIT
31811	zopiclone - LICIT
319	Gamma-Hydroxybutyric acid (GHB) - ILLICIT

benzodiazepines

320	unspecified benzodiazepine - LICIT
32302	roche - LICIT
320001	Up Johns - LICIT
321	diazepam - LICIT
3211	anxicalm - LICIT
3212	calmaven - LICIT
3213	valium - LICIT
322	flurazepam - LICIT
3220	dormodor - LICIT
3221	dalmane - LICIT
323	flunitrazepam - LICIT
32301	rohypnol - LICIT
324	lorazepam - LICIT
32401	ativan - LICIT
32402	orfidal - LICIT
32403	idalprem - LICIT
325	oxazepam - LICIT
32501	serenid - LICIT
32502	aplakil - LICIT
326	nitrazepam - LICIT
32601	mogadon - LICIT
327	temazepam - LICIT
3270	euphygnos - LICIT
3271	normison - LICIT
328	other (specified) benzodiazepine - LICIT
32801	alprazolam - LICIT
32802	xanax - LICIT
32810	bromazepam - LICIT
32811	lexotan - LICIT
32820	chlordiazepoxide - LICIT
32821	librium - LICIT
32830	triazolam - LICIT
32831	halcion - LICIT
32840	midazolam - LICIT
32850	clorazepate - LICIT
32851	tranxene - LICIT
32860	clonazepam - LICIT
32870	prazepam - LICIT
32880	clobazam - LICIT

major tranquillisers

330	unspecified major tranquillisers - LICIT
331	specified major tranquillisers - LICIT
388	other (specified) sedative/anxiolytic, excluding benzodiazepines - LICIT
38801	bupirone - LICIT

Hallucinogens

Code	Drug name(s)
400	unspecified hallucinogenic substances - ILLICIT
manufactured drugs	
410	unspecified manufactured/"designer" drug – ILLICIT
411	lysergic acid (acid) – ILLICIT
41101	LSD - ILLICIT
414	phencylidine – ILLICIT
41401	angel dust - ILLICIT
41402	PCP - ILLICIT
418	other (specified) manufactured hallucinogen or "designer" drug (NOT HEADSHOP) - ILLICIT
mushrooms and other plants and derivatives	
420	unspecified mushrooms (magic mushrooms) – ILLICIT
4201	Liberty Caps - ILLICIT
421	Amanita Muscaria – ILLICIT
422	psilocybin - ILLICIT
423	ketamine - LICIT
4231	Special K - LICIT
424	lignocaine - LICIT
428	other (specified) hallucinogenic plant - ILLICIT
488	other (specified) hallucinogenic substance - ILLICIT
4881	mescaline - ILLICIT

Volatile inhalants

Code	Drug name(s)
500	unspecified volatile inhalants - ILLICIT
511	glue – ILLICIT
512	butane - ILLICIT
5120	gas - ILLICIT
5121	lighter fuel - ILLICIT
513	solvents other (specified) - ILLICIT
5131	acetone - ILLICIT
5132	cleaning fluid - ILLICIT
5133	markers - ILLICIT
5134	paint-thinners - ILLICIT
5135	tippex - ILLICIT
5136	toluene - ILLICIT
514	petrol - ILLICIT
515	nitrites other (specified) - ILLICIT
5151	aerosols - ILLICIT
5152	amyl nitrites - ILLICIT
5153	fly sprays - ILLICIT
5154	poppers - ILLICIT
588	other (specified) volatile inhalants - ILLICIT
5880	anti-perspirants - ILLICIT
5881	anhydrol - ILLICIT

Cannabis

Code	Drug name(s)
600	unspecified cannabis - ILLICIT
611	grass - ILLICIT
6111	weed - ILLICIT
6112	marihuana - ILLICIT
6113	skunk (herbal cannabis) - ILLICIT
612	hash /hashish - ILLICIT
6121	resin - ILLICIT
613	cannabis oil - ILLICIT
688	other (specified) form of cannabis - ILLICIT

Alcohol

Code	Drug name(s)
700	Alcohol

Head shop drugs

Code	Drug name(s)
801	Unspecified substances purchased in Head shops - ILLICIT
802	Head shop stimulants powders (unspecified) - ILLICIT
8021	snow/snowblow - ILLICIT
8022	mephedrone - ILLICIT
8023	Hurricane Charlie - ILLICIT
8024	vanilla sky - ILLICIT
8025	whack bath salts - ILLICIT
8026	wildcat - ILLICIT
8027	butylone - ILLICIT
8028	MDVP - ILLICIT
8029	flephedrone - ILLICIT
80210	methylone - ILLICIT
802011	Bubble [mephedrone] - ILLICIT
803	Head shop stimulants party pills (unspecified) - ILLICIT
8031	rocket fuel - ILLICIT
8032	speed freak - ILLICIT
8033	exotic super - ILLICIT
804	Head shop hallucinogenic substances (unspecified) - ILLICIT
8041	salvia - ILLICIT
805	Head shop Cannabis like substances (unspecified) - ILLICIT
8051	smoke - ILLICIT
8052	spice - ILLICIT
8053	bonazi - ILLICIT
8054	pulse - ILLICIT
8055	kingb - ILLICIT
8056	skunk (headshop substance) - ILLICIT
806	Head shop substance Kratom - ILLICIT
807	Other specified substances purchased in Head shops - ILLICIT

Other drugs

Code	Drug name(s)
800	unspecified other drug/substances - ILLICIT
810	unspecified medicaments - LICIT
830	anticholinergic drugs - LICIT
840	antidepressant drugs tricyclics (other specified) - LICIT
84001	amitriptyline - LICIT
84002	tryptizol - LICIT
84010	clompramine – LICIT
84011	anafranil - LICIT
84020	dothiepin - LICIT
84021	prothiaden - LICIT
84030	imipramine - LICIT
84041	surmontil - LICIT
84042	trimipramine - LICIT
84050	desipramine - LICIT
84060	lofepramine - LICIT
84061	gamanil - LICIT
84070	doxipen – LICIT
843	antidepressant drugs SSRI/ NSRI (other specified) – LICIT
84301	cipramil - LICIT
84302	citalopram - LICIT
84310	fluoxetine - LICIT
84311	prozac – LICIT
843015	duloxetine – LICIT
843016	cymbalta - LICIT
843017	yentreve- LICIT
84320	lustral - LICIT
84321	sertraline - LICIT
84330	mirtazapine - LICIT
84331	zispin - LICIT
84340	paroxetine - LICIT
84341	seroxat - LICIT
84350	reboxitine - LICIT
84360	molipaxin - LICIT
84361	trazadone - LICIT
84370	tranylcypromine - LICIT
84371	parnate - LICIT
84380	efexor - LICIT
84381	venlafaxine - LICIT
84390	lexapro - LICIT
843100	MAOI other - LICIT
844	antidepressant unspecified - LICIT
850	Antipsychotic drugs unspecified/other - LICIT
85001	chlorpromazine - LICIT
85002	largactil - LICIT
85010	clozapine - LICIT
85011	clozaril - LICIT
85020	haloperidol - LICIT
85021	serenace - LICIT
85030	olanzapine - LICIT

85031	zyprexa - LICIT
85040	levomepromazine - LICIT
85050	thioridazine – LICIT
85051	melleril - LICIT
85060	zuclopenthixol - LICIT
85061	clopixol – LICIT
85070	quetiapine - LICIT
85071	seroquel - LICIT
85080	risperidone - LICIT
85081	risperdal – LICIT
85090	phenothiazines - LICIT
85091	trifluoperazine - LICIT
864	Steroids - Sex hormones (unspecified/other)
86301	dexamethasone – LICIT
86302	hydrocortisone – LICIT
86303	prednisolone – LICIT
86401	HRT – LICIT
86402	testosterone - LICIT
87301	contraceptives - LICIT
864101	DHEA – LICIT
864102	norethandralone - LICIT
864103	nandrolene – LICIT
888	other (specified) medication - LICIT
848	antiepileptics – LICIT
849	parkinsonism and related disorders – LICIT
8423	antimanic drugs (not specified) – LICIT
8471	non-opiate analgesics – LICIT
83101	nuelin – LICIT
83102	salbutamol – LICIT
83103	sio phyllin – LICIT
83104	theophylline – LICIT
83105	uniphyllin continus – LICIT
83106	ventolin – LICIT
83201	becotide – LICIT
83202	pulmicort – LICIT
83203	seretide – LICIT
83301	sodium cromoglicate – LICIT
83302	Zaditen – LICIT
83402	cetirizine – LICIT
83403	chlorpheniramine – LICIT
83404	cyclizine – LICIT
83405	diphenhydramine – LICIT
83406	phenergan – LICIT
83407	promethazine – LICIT
83408	vallergan – LICIT
83409	chlorphenamine – LICIT
83501	curosurf – LICIT
83502	doxapram – LICIT
83701	carbocisteine – LICIT
83702	pulmozyme – LICIT
83801	Karvol – LICIT
84601	maxolan – LICIT
84602	metoclopramide – LICIT
84610	motilium – LICIT
84805	neurontin – LICIT
84810	sodium valporate – LICIT

84811	epilim – LICIT
84820	lamictal – LICIT
84821	lamotrigine – LICIT
84830	carbamazepine – LICIT
84831	tegretol – LICIT
84840	pregabalin – LICIT
84850	gabapentin – LICIT
84860	laudanose – LICIT
86104	diamicron - LICIT
87404	viagra – LICIT
88801	slimming pills (pharmacy/prescribed) - LICIT
88802	orlistat - LICIT
831001	sudafed – LICIT
834010	doxylamine - LICIT
841001	antabuse – LICIT
841010	bupropion – LICIT
841011	zyban – LICIT
842301	lithium – LICIT
842303	valproic acid – LICIT
842304	priadel – LICIT
847101	brufen – LICIT
847102	diclofenic – LICIT
847103	difene – LICIT
847104	entoricoxib – LICIT
847105	ibuprofen – LICIT
847106	NSAIDs (unspecified) – LICIT
847107	paracetamol – LICIT
847108	ponstan – LICIT
847109	salicylate – LICIT
847110	nurofen - LICIT
847306	uniflu – LICIT
847501	phenacetin – LICIT
851903	pyrazinamide – LICIT
8470101	meloxicam – LICIT
8471010	aspirin (analgesic) – LICIT

Other Problems

Code	Description
994	Concerned Person
995	Spending
996	Gambling
997	Eating disorder